Please type a plus sign (+) inside this box -> + PTC/SB/81 (02-01)
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U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. TBA **Application Number** Filing Date POWER OF ATTORNEY OR YOLLES **First Named Inventor AUTHORIZATION OF AGENT** Group Art Unit Examiner Name 36861-00002 Attorney Docket Number I hereby appoint: □ Practitioners at Customer Number 27171 Practitioner(s) named below: Registration Number TRADEMARK O Name as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. Place Customer OR Number Bar Code Practitioners at Customer Number Label here OR Firm or Individual Name Address Address State ZIP City Country Fax Telephone I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record **BRIAN YOLLES** Name Signature arriary 31, 2002 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.

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DECLARATION FOR UTILITY OR

DESIGN PATENT APPLICATION

(37 CFR 1.63)

Attorney Docket Number

First Named Inventor

Application Number

⊠Declaration L Submitted OR	_JDeclaration Submitted after Initial	Filing Date						
With Initial	Filing (surcharge (37 CFR 1.16 (e))	Group Art Unit						
Filing	required)	Examiner Name						
As a below named inventor, I hereby declare that:								
My residence, post office address, and citizenship are as stated below next to my name.								
I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled								
METHOD AND SYSTEM FOR INSURING AGAINST INVESTMENT LOSS								
L					[
the specification of which (Title of the Invention)								
is attached hereto					1			
OR	20000			DOT LOCALITY OF				
was filed on (MM/DD	/////	as United States Ap	plication Number o	r PCT international	1			
Application Number	bne	was amended on (MM/DD/Y	YYY) [(ıf	applicable)			
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.								
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.								
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.								
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	Certified Copy				
				YES	NO			

[Page 1 of 2]

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

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DECLARATION — Utility or Design Patent Application

								
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.								
NAME OF SOLE OR FIRST INVENTOR:								
Given Name BRIAN (first and middle [if any])			Family Name YOLLES or Surname					
Inventor's Buan			Date /		/31/02			
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City		State	Zi	Zip		Country		
NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor								
Given Name (first and middle [if any])		Family Name or Surname						
Inventor's Signature				D	ate			
			l		}			
Residence: City		State	c	ountry		Citizenship		
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Mailing Address		7			T			
]			
City		State	Zi	ip		Country		
Additional Inventors are helps named on the								